

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em;">09770217</div>	FILING DATE	
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6	/						56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12	/						62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18	/						68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4	29					TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	24						TOTAL CLAIMS	